

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>		
Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">10</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		
Mailing Address 114A Mansfield Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20556.82</div>		
City State Zip Code Mansfield Center CT 06250-1316		Transaction ID : VN7GB9X2C57 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>			
Purpose of Expenditure Direct Mail - Estimate		Category/Type			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			House District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4822287.47</div>		
Disbursement For: 2014			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">10</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">399904.00</div>		
City State Zip Code Washington DC 20007-5108		Transaction ID : VN7GB9X8FC4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>			
Purpose of Expenditure Media Buy		Category/Type			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			House District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4822287.47</div>		
Disbursement For: 2014			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">420460.82</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>					
Signature  <i>Rebecca Lambe</i>			Date <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">10</div></div> <div><div style="border: 1px solid black; padding: 2px;">24</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		

[Electronically Filed]

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ambrosino Muir Hansen Crounse</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 500 Sansome St Ste 201		Amount <b>17498.05</b>	
City San Francisco	State CA	Zip Code 94111-3215	Transaction ID : VN7GB9X2CB4
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Thom R Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

9911228.56

Full Name of Payee <b>McKenna Pihlaja</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 1777 Church St NW		Amount <b>13055.00</b>	
City Washington	State DC	Zip Code 20036-1301	Transaction ID : VN7GB9XAPA9
Purpose of Expenditure Media Production Costs - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Mark Pryor		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

4917755.89

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>30553.05</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>114A Mansfield Hollow Rd</b>		Amount <b>35337.10</b>	
City <b>Mansfield Center</b>	State <b>CT</b>	Zip Code <b>06250-1316</b>	Transaction ID : <b>VN7GB9X2C65</b>
Purpose of Expenditure Direct Mail - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Joni Ernst</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4822287.47</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ralston Lapp Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>1054 31st St NW</b> <b>Ste 430</b>		Amount <b>17595.48</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>VN7GB9XAP83</b>
Purpose of Expenditure Media Production Costs - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Cory Gardner</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4896538.12</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>52932.58</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SKDKnickerbocker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>1150 18th St NW</b> <b>Ste 800</b>		Amount <b>47375.44</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3845</b>	Transaction ID : <b>VN7GB9XAPP4</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Thom R Tillis</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>9911228.56</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>3050 K St NW</b> <b>Ste 100</b>		Amount <b>400734.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-5108</b>	Transaction ID : <b>VN7GB9X2C15</b>
Purpose of Expenditure <b>Media Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Mark Pryor</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4917755.89</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>448109.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>695917.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9X2KA8
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cory Gardner		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>862577.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9X2KC4
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Thom R Tillis		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1558494.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount 995147.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9X8GC7
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount 23774.58	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9XAP91
Purpose of Expenditure Media Production Costs - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1018921.58
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 24 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 7 OF 7  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484642       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Well &amp; Lighthouse, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 24 / 2014</div> </div>		
Mailing Address 1244 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>		
City Washington	State DC	Zip Code 20036-6618	<b>Transaction ID : VN7GB9XACF8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure Online Advertising		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Name of Federal Candidate Cory Gardner			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4896538.12</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State:		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3679471.47</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY

10 / 24 / 2014

Signature